

Case Number:	CM15-0177469		
Date Assigned:	09/18/2015	Date of Injury:	03/20/2012
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female who sustained an industrial injury on 03-20-2012. According to a progress report dated 08-04-2015 the injured worker was seen for bilateral elbow pain. A recent MRI of the right side showed severe lateral epicondylitis extensor generation tendinosis partial tearing of the origin without tendon avulsion retraction. She continued to have tenderness with the lateral epicondylitis pain with palpation. "Firing the extensors but range of motion was intact." "It is stable." She had tenderness distally. Strength, sensation and perfusion were intact. Good palpable pulses were noted. There was no lymphedema. In regards to the left side, she had pain at the medial and lateral aspect of the epicondyle. She had undergone conservative measures. On palpation she had tenderness in medial and lateral, pain with resisted flexion and resisted extension of the wrist. APB, interosseous, EPL were intact distally. Elbow and wrist were stable but with pain at the elbow both on the medial and lateral epicondyles. Pain with resisted wrist extension and flexion noted. The provider noted that the injured worker had conservative measures on the left side. Anti-inflammatory medications, therapy and activity modifications had been going on for greater than six months. Recommendations included MRI on the left side. In regard to the right side, recommendations included evaluation by named provider for possible PRP versus Tenex procedure to treat her severe lateral epicondylitis. An authorization request dated 08-13-2015 was submitted for review. The requested services included MRI of the left elbow and right elbow ultrasound PRP injection or ultrasound Tenex procedure. On 08-21-2015 Utilization Review non-certified the request for MRI of the left elbow and right elbow ultrasound platelet rich plasma injection or ultrasound Tenex procedure.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Indications for imaging, MRIs.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations.

Decision rationale: The ACOEM chapter on elbow complaints and imaging studies states: Special Studies and Diagnostic and Treatment Considerations. Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include: Plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis. Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least 6 weeks. Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. There is no documentation of red flags on the provided physical exam. There is no documentation of failure to progress in a rehabilitation program, evidence of significant tissue insult or plans on imminent surgical intervention. The criteria as outlined above per the ACOEM for imaging studies of the elbow have not been met. Therefore the request is not medically necessary.

Right elbow ultrasound Platelet Rich Plasma injection or ultrasound Tenex procedure:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Platelet rich plasma; TXI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow, PRP injections.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG does not recommend PRP injections in the elbow due to the fact studies do not show superior efficacy to placebo. There is also not failure of conservative therapy like cortisone injections. Therefore the request is not medically necessary.